

Position Title	Annual Salary	FTE %	Annual Cost
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
		Subtotal Personnel	\$
Fringe Benefits (%)			\$
		Total Personnel and Fringe Benefits	\$
<hr/>			
Operating Expenses			
General Expenses			\$
Travel			\$
Training (Any non-state sponsored training requires prior Program Consultant (PC) approval to attend).			\$
Space Rent/Lease (FTE X 200 sq. ft. @ /sq. foot x12 months)			\$
Audit Cost			\$
		Total Operating Expenses	\$
Capital Expense (major equipment >\$5,000)			
			\$
		Total Capital Expense	\$
Other Costs			
Educational Materials			\$
Outreach Materials			\$
Incentives (# of participants x gift card amounts) (Goal #)*			\$
		Total Other Costs	\$
Indirect Costs (% Percentage of Total Personnel Costs)			\$

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